Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales*. Sydney: The Psychology Foundation of Australia.

Purpose

To measure core symptoms of depression, anxiety, and tension/stress with maximum discrimination.

Description

The DASS is a 42-item self-report measure that assesses depression, anxiety, and stress over the previous week. This distinction between anxiety and tension/stress is supported by the DSM-IV (American Psychiatric Association, 1994) distinction between PD and GAD, and Barlow's (in press) distinction between panic and anxious apprehension. According to the authors, nonspecific symptoms of general distress are not represented in the DASS. Each scale consists of 14 items, which are grouped into smaller subscales. For the *depression* scale, subscales are dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia; for the *anxiety* scale, subscales are autonomic arousal, skeletal musculature effects, situational anxiety, and subjective experience of anxious affect; and for the *stress* scale, subscales are difficulty relaxing, nervous arousal, easily upset/agitated, irritable/overreactive, and impatient. Respondents indicate how much each statement applied to them over the past week on a four-point Likert-type scale. A 21-item, short form of the scale is also available (DASS21) with seven items per scale.

Administration and Scoring

The DASS can be administered in 5 to 10 minutes. Three scores (one for each scale) are derived by summing items in each scale; for the DASS21, total and subscale sums are multiplied by 2. The manual provides tables for converting scores to *z* scores. The *depression* (D) scale consists of items 3, 5, 10, 13, 16, 17, 21, 24, 26, 31, 34, 37, 38, and 42; the *anxiety* (A) scale consists of items 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, and 41; the *stress* (S) scale consists of items 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, and 39. The DASS21 consists of the following items in the order they are listed here: 22, 2, 3, 4, 42, 6, 41, 12, 40, 10, 39, 8, 26, 35, 28, 31, 17, 18, 25, 20, and 38 (loading on the same three subscales as in the DASS).

The following guidelines are provided for interpretation: scores of 0–9 (D), 0–7 (A), and 0–14 (S) are considered normal; scores of 10–13 (D), 8–9 (A), and 15–18 (S) are considered mild; scores of 14–20 (D), 10–14 (A), and 19–25 (S) are considered moderate; scores of 21–27 (D), 15–19 (A), and 26–33 (S) are considered severe; and scores of 28+ (D), 20+ (A), and 34+ (S) are considered extremely severe.

Psychometric Properties

Sample Means and Norms. The manual reports the following norms for individuals in a nonclinical sample: *depression*, 6.34 (*SD* = 6.97); *anxiety*, 4.70 (*SD* = 4.91); and *stress*, 10.11 (*SD* = 7.91). Gender- and age-specific norms are also reported in the manual. In

addition, means for anxiety disorder groups and individuals with major depressive disorder (MDD) are reported by Antony, Bieling, Cox, Enns, and Swinson (1998) and Brown, Chorpita, Korotitsch, and Barber (1997). In the latter study, a mean of 25.31 (SD = 10.24) on the *depression* scale was reported for the MDD group, a mean of 15.48 (SD = 8.81) on the *anxiety* scale was reported for the PDA group, and a mean of 22.36 (SD = 9.90) on the *stress* scale was reported for the GAD group.

Reliability. Internal consistency has been demonstrated in a student population (αs from .81 to .91; S. H. Lovibond & P. F. Lovibond, 1995), a clinical sample (αs range from .88 to .96, Brown et al., 1997), and using the DASS21 in a clinical sample (αs range from .87 to .94; Antony, Bieling, et al., 1998). Adequate 2-week temporal stability was also demonstrated in a clinical sample (rs .71 to .81; Brown et al., 1997).

Validity. The factor structure of the DASS was initially established in an undergraduate sample (Lovibond & Lovibond, 1995). This factor structure has been supported in a clinical sample of individuals with anxiety and mood disorders (Brown et al., 1997). In addition, the factor structure of the DASS21 was supported in a similar clinical and community sample (Antony, Bieling, et al., 1998). Construct validity of the three scales has been demonstrated by findings of significant correlations between the Anxiety scale and measures of anxiety (rs = .81 to .84 in the three samples described above) and between the Depression scale and measures of depression (rs .74 to .79 in the same samples). In addition, within a clinical population, the Stress scale was more strongly correlated with measures of worry and negative affect than the other two scales, the Depression scale was more strongly correlated with measures of depression and positive affect than the other two scales, and the Anxiety scale was more strongly correlated with measures of anxiety than the other two scales, all supporting the discriminant validity of the three scales (Brown et al., 1997). Also, in the same study, predicted differences between clinical groups were found: Individuals with GAD and MDD reported significantly higher Stress scores, individuals with PDA reported significantly higher Anxiety scores, and individuals with MDD reported significantly higher Depression scores. Finally, scales show specific temporal stability across a period of 3 to 8 years (Lovibond, 1998).

Alternative Forms

As noted above, a 21-item version of the scale that demonstrates good psychometric properties has been developed. Chinese, Spanish, and Persian translations are currently in development. In addition, trait, child, and momentary ("how you feel right now") versions are being developed.

Source

The DASS is reprinted in Appendix B and the DASS21 can be derived from this using the description in the Scoring section above. The questionnaires and scoring template can also be downloaded directly from http://www.psy.unsw.edu.au/dass/. A manual is available for $40 US or $50 Australian from DASS Orders, School of Psychology, University of New South Wales, NSW 2052, Australia; (tel) 61-2-93853047; (fax) 61-2-93853641; (e-mail) P.Lovibond@unsw.edu.au.